



# CHAPTER MEETING MAILING LIST REQUEST FORM

**Please allow 10 business days for processing.**

Please clearly print or type all information. Thank you.

## 1 Ordered By

Chapter: \_\_\_\_\_

Chapter Officer (User): \_\_\_\_\_

## 2 Order Information

### Type of List Requested

- Chapter members only
- Chapter members and former chapter members
- Former chapter members only

### Purpose of Mailing List

- Chapter meeting promotional mailing
- Chapter minutes mailing

### Mailing List Format

- Digital format (.txt file, comma delimited)
- Labels (1"x 3½" )

## 3 Shipping Information

E-mail to: \_\_\_\_\_

*or*

Mail list to: \_\_\_\_\_

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

## 4 Please Read Statement, Sign and Date so MSA Can Process Your Order

Chapter Officer ("User") is hereby granted a limited, non-assignable license to use the mailing list one time as specified in this order and agreement, and for no others. User agrees to destroy all copies of the mailing list, in all media, after the one-time use has occurred. User agrees to not alter, copy, distribute or otherwise manipulate mailing list data. User acknowledges that the mailing list covered by this agreement is proprietary and confidential and consents to the entry by any court of competent jurisdiction of an injunction restraining User from unauthorized use. In the event User engages in unauthorized use, User understands that no further agreements will be made for the chapter to order or use the MSA mailing list. User agrees to indemnify and hold harmless MSA from any liability to MSA arising from User's use of the mailing list.

\_\_\_\_\_  
Signature of Chapter Officer/User

\_\_\_\_\_  
Date

### Submission Instructions:

Fax a completed copy of this form to the MSA office at (303) 504-9585.  
Please retain a copy of this form for your records.

*(MSA Use only. Do not write in this space.)*

Received: \_\_\_\_\_

Sent: \_\_\_\_\_